



**Minnesota Board of Marriage
and Family Therapy**



Request for Board Approved Supervisor Status

1. Name: _____
2. Initial LMFT License Date: _____
3. Name of Supervision Course: _____
4. Please list your contact information to be listed on the Board's website supervisor list:

Name and credentials: _____

Address: _____

Business Name

Street Address

City

State

Zip Code

Telephone number: _____

Email address: _____

5. Please attach a copy of completion of your 30 hour supervision program.

Signature

Date